

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Guila

District of _____

Town of _____

or _____

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109

County Registrar No. 820

Local Registrar No. _____

No. 23 Puerto Rico Canyon

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Mercado

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth 1st

6. Legitimate? yes

7. Date of birth Sept 1 - 1926
Month Day Year

8. FATHER
Full name Antonio Mercado

9. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 48 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner
Nature of Industry

14. MOTHER
Full maiden name Maura Ramirez

15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation House wife
Nature of Industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 a m. on the date above stated
(Born alive or dead.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. J. Fotel
Address Miami, Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Sept 15 26 19 26 C. E. J. J.
Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

146-901-499